**Comparison Chart: L-code/CPT codes: Orthosis Fabrication or Supply**

|  |  |  |  |
| --- | --- | --- | --- |
|  | L code | 97760\* | 97763§ |
| Medicare DMEPOS supplier number required ∞ | **X** |  |  |
| Medicaid DMEPOS license required (some hospitals exempt) | **X** |  |  |
| Evaluation included ŧ | **X** | **X** |  |
| Additional Evaluation Required |  |  |  |
| POC required |  | When billed instead of an L code, not when billed with an L code |  |
| Flat Rate Reimbursement | **X** |  |  |
| Timed unit reimbursement/15 minute (8 minute rule applies) |  | **X** | **X** |
| Proof of delivery required | **X** |  |  |
| Warranty Required | **X** |  |  |
| May be used for training |  | **X** | **X** |
| May be used for adjustments |  | **X** | **X** |
| May be used for time to make repairs |  | **X** | **X** |
| May be used for cost of materials used in orthosis | **X** |  |  |
| May be billed with L code |  | **X** | **X** |
| Time documentation required |  | **X** | **X** |
| ¶ CCI: mutually exclusive: Can never be coded together |  | 97164, 97168 | 97161-97168, 97755,97750 |
| ¶ CCI: requires modifier and documentation to bill during same treatment session. |  | 97016,97110,97112,97116,97124,97140,97755 | 97016,97110,97112,97116,97124,97140 |
| Included under the home health PPS consolidated billing provisions (codes will not be paid separately if patient is presently being serviced through a home health contractor) |  | **X** | **X** |

**∞**For practices with multiple locations, a separate supplier number is required for each location billing for orthotic fabrication.

**\*97760**: Orthotic(s) Management and Training (Includes Assessment and Fitting when not Otherwise Reported), Upper Extremity(ies), Lower Extremity(ies), and or Trunk, Each 15 Minutes

ŧ Implies that assessment or evaluation is included in the code and a separate evaluation code is not required to be billed simultaneously, even if this is the first visit billed to the Part B MAC.

**§97763**: Orthotic(s)/prosthetic(s) management and/or training, upper extremity (ies), lower extremity (ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes. 97763 should be used to describe all subsequent encounters for orthotics and/or prosthetics management and training services.

¶ CCI: Correct Coding Initiative Edits: code pairs considered to be mutually exclusive, cannot be reported together during the same treatment session. Some coding pairs can be submitted together when they represent 2 distinct services and can be indicated by the use of a modifier (usually 59); others cannot be reported together under any circumstances.